
One Key Question ® : Implementation in Public Health (focus on clinic setting)

Monday, October 17, 2016, 2-4pm

Public Health Division

Maternal and Child Health Section

Title V Program



Housekeeping

- Dial-in for audio
(you can't use your computer speakers)
- Place yourself on mute
- Do not place call on hold
- Webinar is being recorded

- When you would like to comment or ask a question:
 - “Raise your hand”
 - Or type in the Questions/Chat box



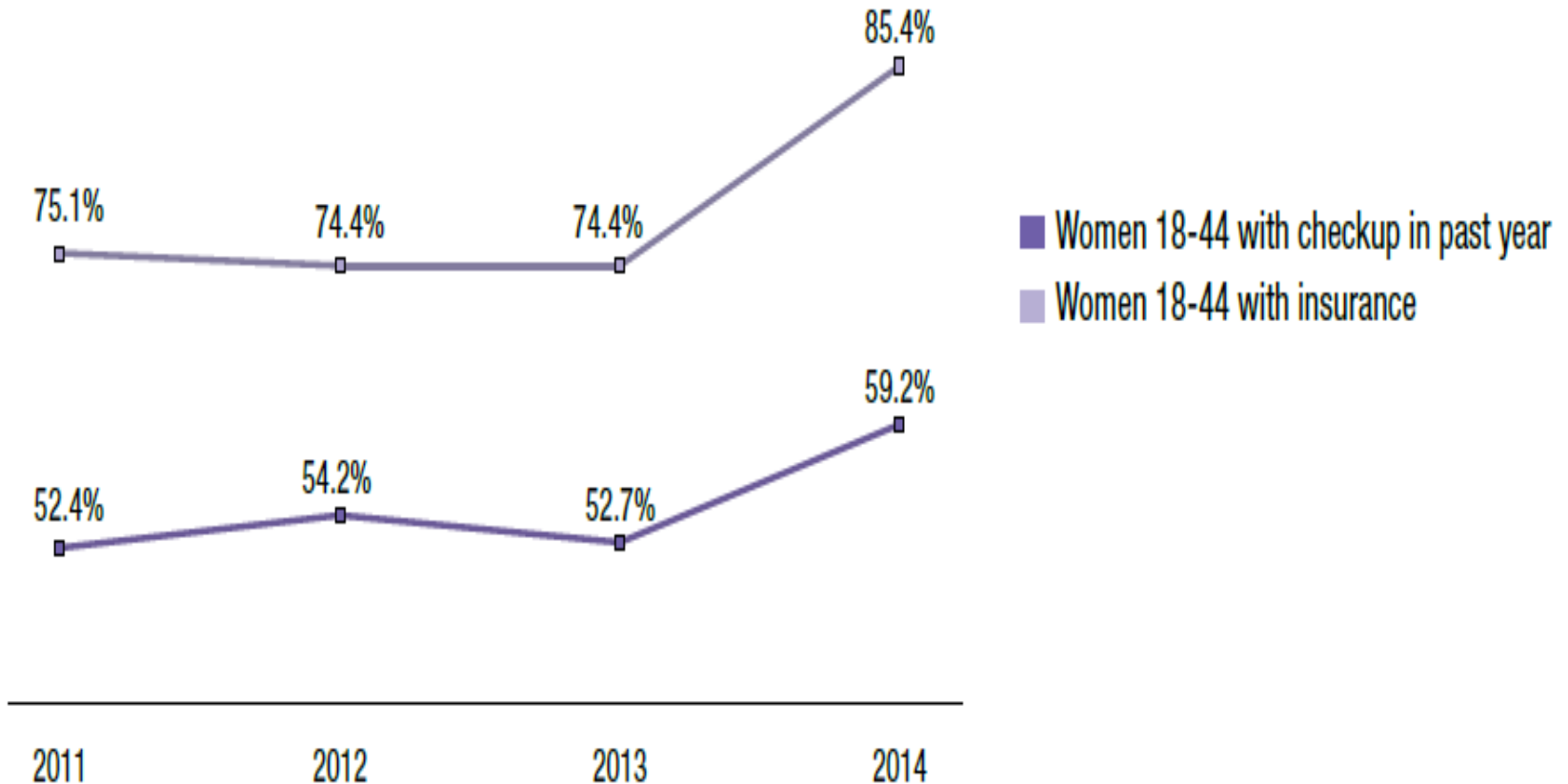
Agenda

- Introductions of facilitators and sites
- Title V Well Woman Care Priority
- Overview of unintended pregnancy
- One Key Question® algorithm
- Implementation Plans
- Questions & Feedback

Access to high-quality well-woman care:

- Is a key driver for optimizing the health of women before, between and beyond potential pregnancies.
- Provides a critical opportunity to receive recommended clinical preventive services, screening and management of chronic conditions, counseling to achieve a healthy weight and smoking cessation, and immunizations.
- Increases the likelihood that any future pregnancies are by choice rather than chance.
- Decreases the likelihood of complications for future pregnancies.

Title V Performance Measure: Oregon women age 18-44 with checkup in the past year



Source: Behavioral Risk Factor Surveillance System

Strategies: Well-woman Care

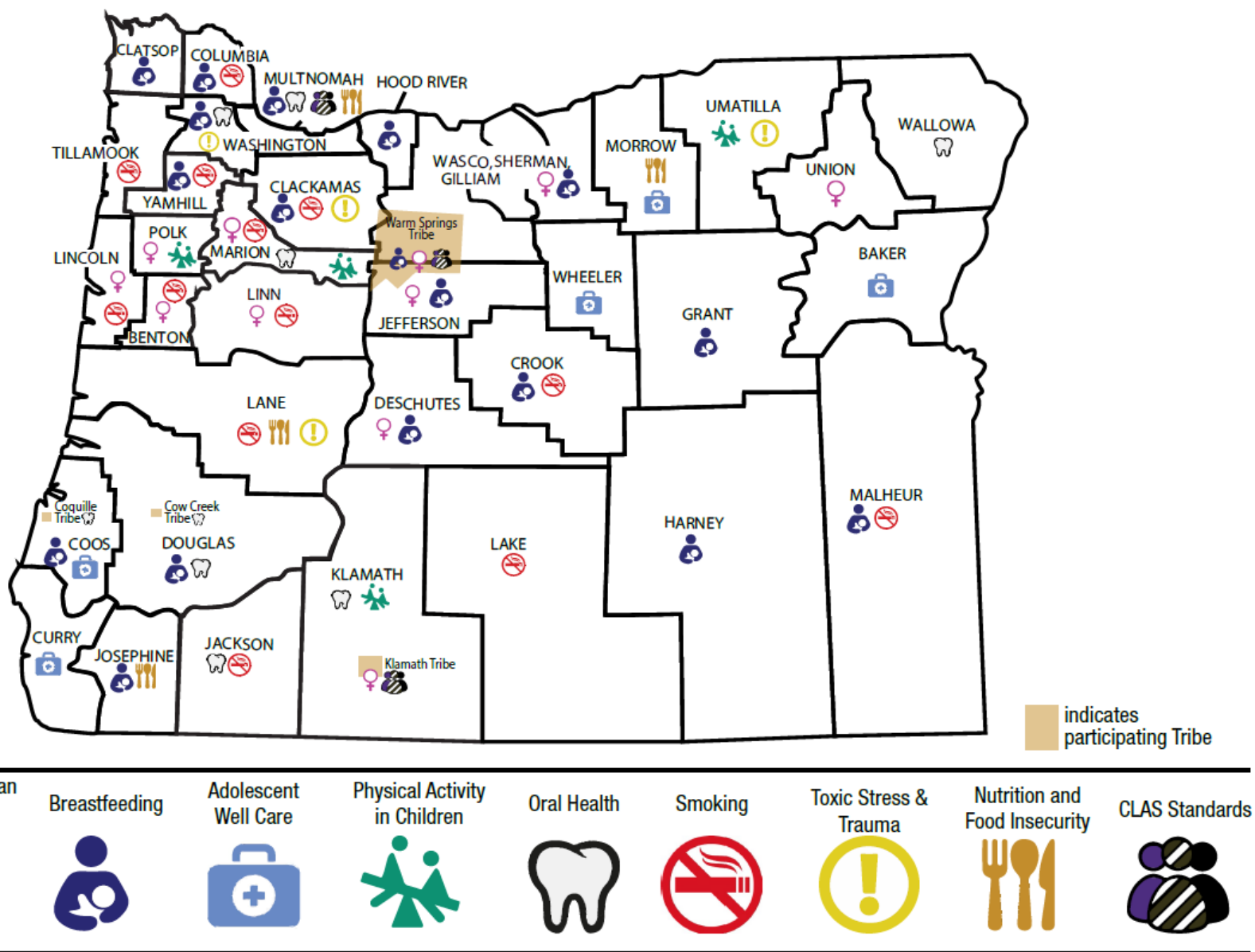


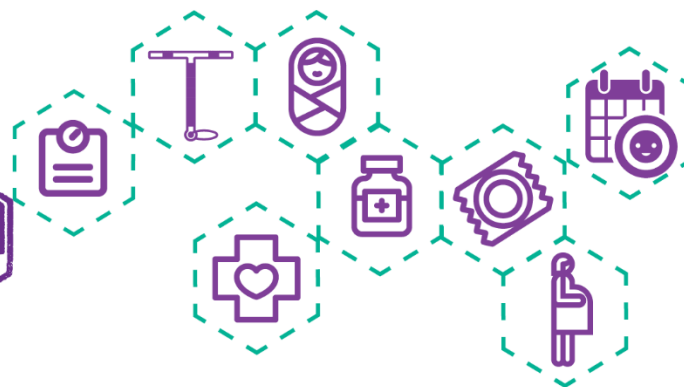
#1 Case-management to improve utilization of well-woman care

#5 Provide access to well-woman care through Family Planning Clinics

#6 Use of the postpartum health care visit to increase utilization of well-woman visits

Title V Grantees and Priorities





ONE KEY QUESTION®

Integrating Pregnancy Intention Screening
An initiative of the Oregon Foundation for Reproductive Health

Oregon Foundation for Reproductive Health

Non-profit advocacy organization based in Portland, Oregon

Mission:

We are dedicated to improving access to comprehensive reproductive health care, such as preventing unintended pregnancy and planning healthy families.

We are committed to advancing reproductive rights and advocating for reproductive health equity in all communities.

One Key Question®

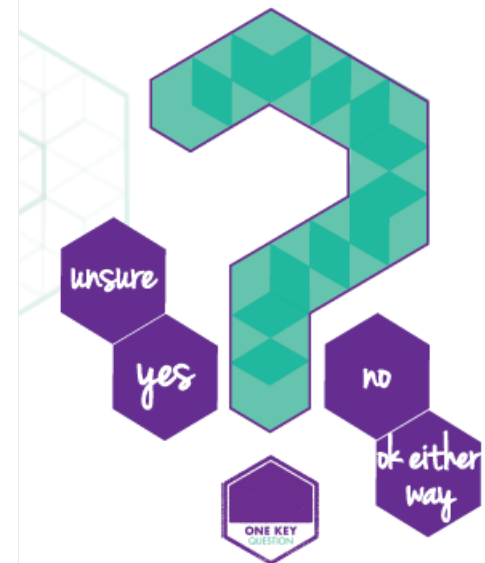
- ▶ An initiative born in Oregon to introduce pregnancy intention screening into a variety of health care settings
- ▶ Designed to support women in their own goals for if and/or when to have children
- ▶ Work to bring best-practice information on contraception & preconception care to a broader audience

"Would you like to become pregnant in the next year?"

OFRH Support

- ▶ Implementation Manual
 - ▶ Clinic and Staff inventory
 - ▶ Various algorithms for screening
- ▶ Custom Consultations
 - ▶ Clinic Flow, Data Collection
 - ▶ Additional trainings for providers and team
- ▶ OKQ patient brochures and posters

Would you like to
become pregnant in
the next year?

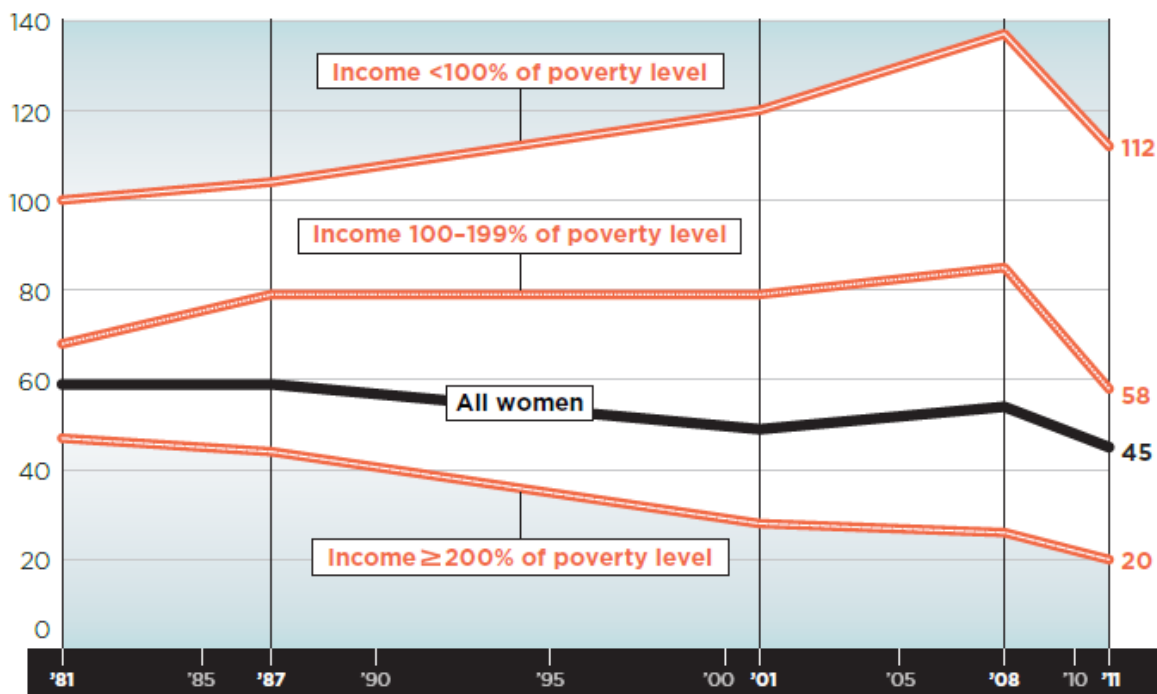


Facts

- ▶ By age 45, more than half of all American women will have experienced an unintended pregnancy
- ▶ In 2011, nearly half (45% or 2.8 million) of the 6.1 million pregnancies in the United States each year were unintended
- ▶ The average woman is fertile for 39 years and spends 3 decades trying to avoid an unintended pregnancy

Although the unintended pregnancy rate is declining, there are still large disparities by income

Unintended pregnancy rate (per 1,000 women aged 15-44)



Note: The 2011 federal poverty level was \$22,350 for a family of four

And there
are still
large
disparities
by race

Unintended pregnancy rate (per 1,000 women aged 15-44)

■ All women ■ White ■ Hispanic ■ Black



2008

2011

Unintended Pregnancy Is Associated With...

- ▶ Health problems for both mother and infant
- ▶ Preterm birth, low birth weight, increased infant mortality
- ▶ Delayed prenatal care
- ▶ Increased depression, anxiety and physical abuse for mother

Lifetime Risk

Percent of women who
experience this condition in
their lifetime

Cervical Cancer	0.7%
Alcohol Misuse	10%
Breast Cancer	12%
Depression	27%
Hypertension	28.5%
Diabetes	35.5%
Unintended Pregnancy	48%

One Key Question®

**“Would you like to become pregnant
in the next year?”**

- ▶ A simple screening question to facilitate a conversation with your patient/client regarding her pregnancy intention
- ▶ Designed to help ID the preventive reproductive health care needs of patients

Need to Screen Pregnancy Intention

- ▶ Do not assume family planning clients do not want to become pregnant
- ▶ Do not assume primary care patients will ask about birth control methods
- ▶ Do not assume you instinctively know which women are would like to become pregnant
- ▶ Ask at every visit as pregnancy intention changes

Goals of OKQ

Routine
conversations about
pregnancy intention

Proactive
contraceptive care
instead of reactive

Increase uptake of
contraception &
preconception care

Quality
improvement
strategies
(algorithms, metrics)

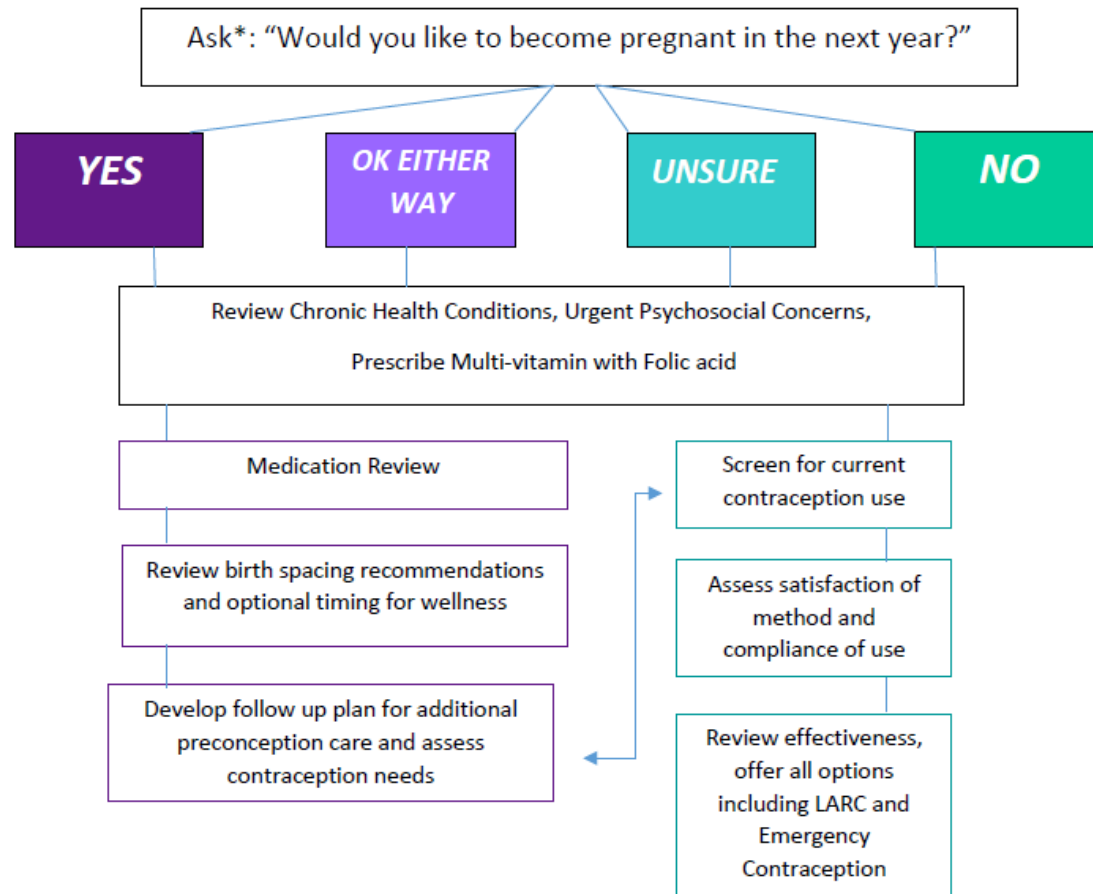
A variety of goals for providers:

- ▶ Decreasing infant mortality
- ▶ Prevention of unintended pregnancy
- ▶ Substance abuse treatment centers screen for pregnancy intention
- ▶ Increase preconception care
- ▶ Improve birth outcomes
- ▶ Increase in LARC use

POLL:

- ▶ What are your sites goals for using OKQ?
 1. Support patient centered pregnancy intention screening
 2. Increase family planning referrals
 3. Support staff in talking about preventive reproductive health
 4. Improve MCH health outcomes long-term
 5. All of these and more

ONE KEY QUESTION[®]



One Key Question®

- ▶ Framed as “Would you like..” to focus on patient’s own goals for her health
- ▶ Offers four possible response categories
- ▶ Steps away from ‘plan’ which does not resonate with some women for cultural, religious, or socio-economic reasons
- ▶ Provide evidenced-based preconception and/or contraception care services or referrals based on woman’s answer

If your patient answers... YES

Preconception care is defined as individualized care for men and women that is focused on reducing maternal and fetal morbidity and mortality, increasing the chances of conception when pregnancy is desired.

Preconception Advice

- ▶ Prevention/intervention to reduce high-risk pregnancies
 - Medication Review
 - Screen for chronic conditions
 - Folic Acid use

Additional Preconception Advice

1. Advise to reduce/eliminate alcohol, tobacco, street drugs
2. Assess prior pregnancy outcomes and genetic risk (family history)
3. Screen for STIs
4. Check if immunizations are up to date
5. Recommend healthy diet, daily exercise, sleep, stress reduction
6. Advise a dental cleaning/check up
7. Screen for risk of intimate partner violence
8. Talk about the benefits of birth spacing (18 months)

CHECKLIST in Manual

Interconception

- ▶ The term “interconception care” is used when referring specifically to care provided between pregnancies

Birth spacing:

Pregnancies that start less than 18 months after birth are associated with delayed prenatal care and adverse birth outcomes, including preterm birth, neonatal morbidity, and low birthweight

Access to family planning counseling and contraception plays a key role in birth spacing and reduced risk for poor birth outcomes.

Contraception

- ▶ After birth or at 6 week check-up: Long-Acting Reversible Contraceptives such as the IUD or implant are safe and effective
- ▶ While breastfeeding: condoms, ParaGard IUD, progestin only options such as mirena/skyla, implant, depo (injection), POP's 'mini-pill'

Resources



Show Your LOVE!

Steps to a Healthier me and baby-to-be!

You have thought about your goals for school, for your job or career and for your health. You have also thought about how having children fits in with those goals, and you have decided that you want to become pregnant. Your preconception (before pregnancy) health is very important and can affect the health of your future baby. By making a plan before getting pregnant and taking the time to get healthy, you can take the steps to a healthier you and baby-to-be. This is a tool to help you do that.

Start by choosing your goals for this year. It is easier to focus on 2 – 3 goals. Then use the checklist below to set your plan into motion.

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If your patient answers ...NO

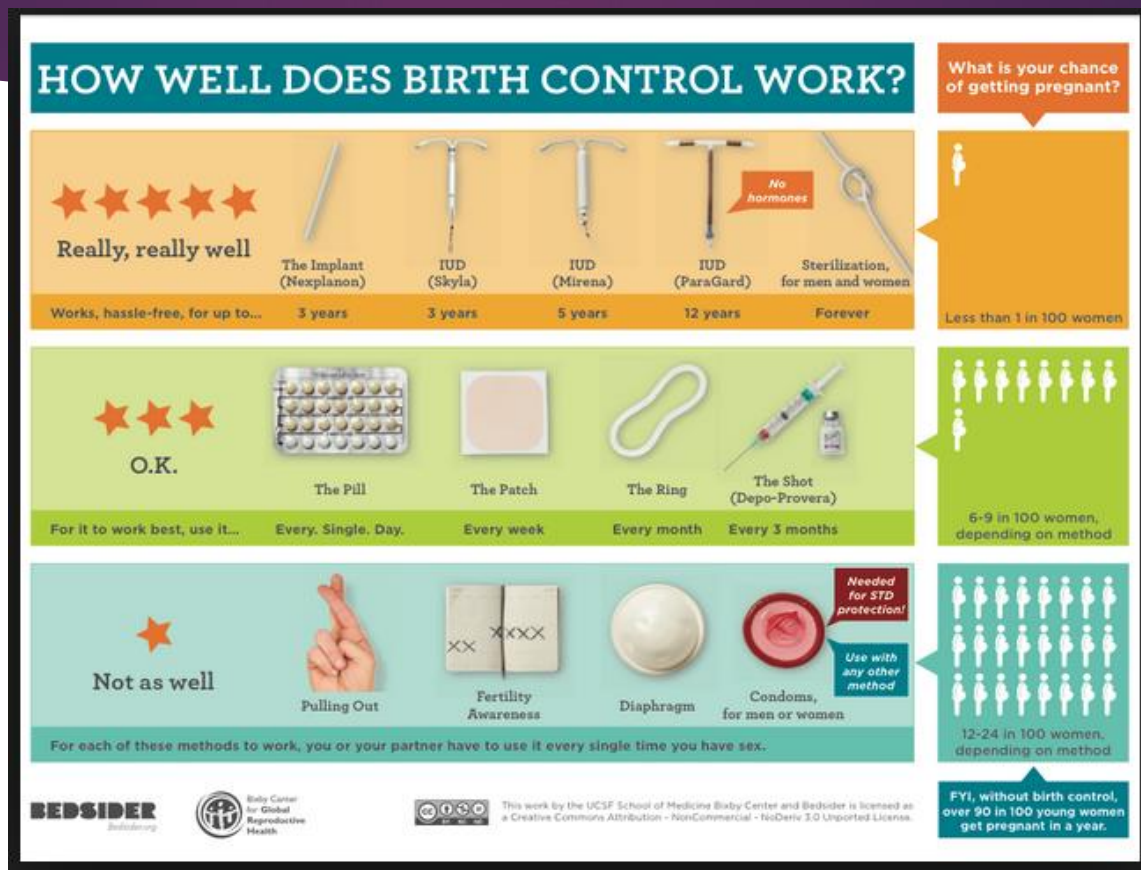
- ▶ The best way to reduce the risk of unintended pregnancy is to use effective birth control correctly and consistently.
- ▶ Patients need the correct information on HOW to use methods and what to do if a mistake w/use is made
- ▶ Many women indicate they did not have enough education from a provider on their method- half of unintended pregnancies are due to incorrect use of contraception

If your patient answers 'No'

1. Ask if she is currently using a birth control method
2. Check on her satisfaction with current method
3. Offer more options, including long-acting reversible contraceptives (IUD, Implant)
4. Include information on emergency contraception

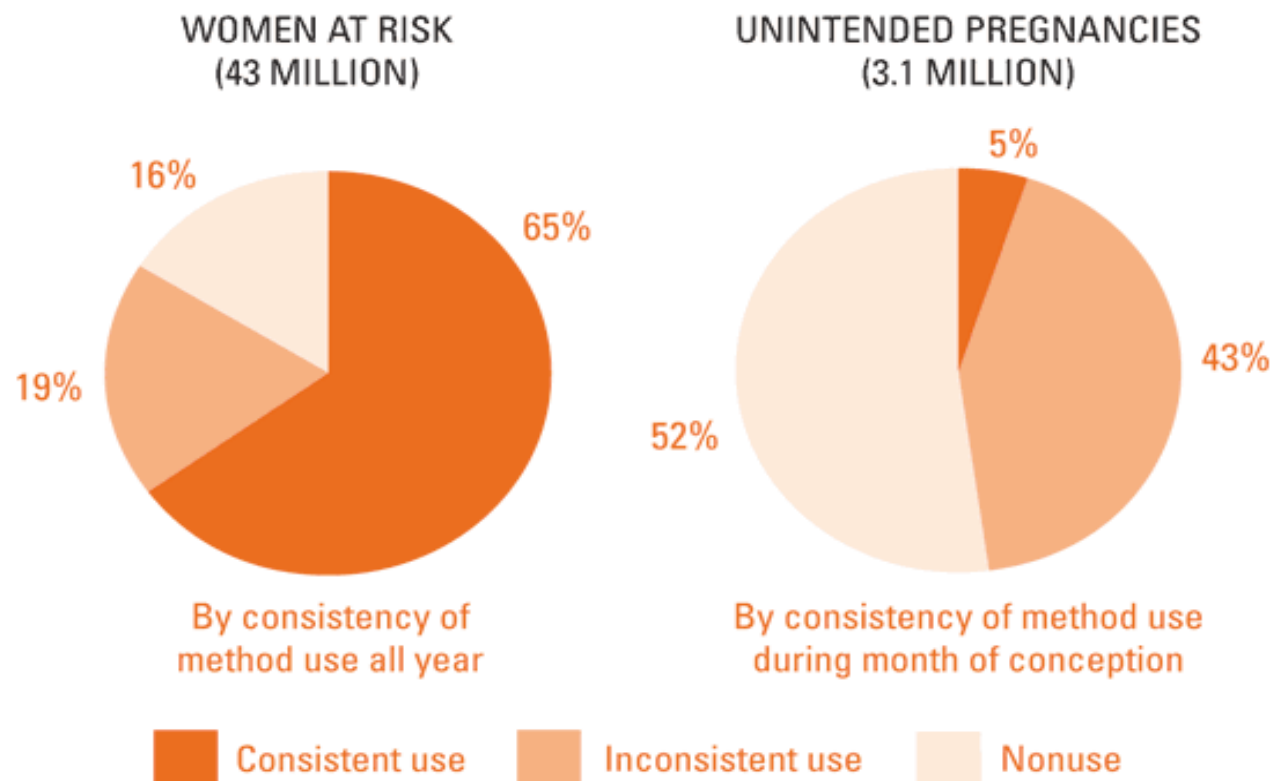
Contraception Basics

- ▶ Many women use short-term or less reliable contraception because that is what they are used to
- ▶ The best method for women usually changes with time or with pregnancy/birth
- ▶ There are GREAT long-acting, reversible methods of contraception that would be ideal for many women



Birth Control Works

The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.



'Unsure' or 'Ok Either Way'

OKQ is the only algorithm that includes more than just a yes/no response!

- ▶ Unsure & OK Either Way are common and real answers to a complicated question
- ▶ Providers should offer a combination of contraception & preconception care based on patients' needs and goals

OKQ Identifies Ambivalence

- ▶ **One Key Question identified 20% more women who were at risk of unintended pregnancy than 'do you plan...' and other phrased pregnancy intention screening questions**

Pregnancy ambivalent women exhibited similar contraceptive use rates to those women who were seeking pregnancy

Women who are pregnancy ambivalent are at an increased risk for unintended pregnancy due to low contraceptive rates

Emerging Research

- ▶ Latest research on the complexity of pregnancy intentions
- ▶ In another large survey, 23% of women reported feeling “**okay either way**” when asked about pregnancy intentions
- ▶ Continuum of intentions and feelings
 - Planned vs unplanned
 - Happy vs upset
 - Wanted vs. unwanted
 - Timed vs. bad timing

Using OKQ Language

FQHC Research, Milken Institute School of Public Health, George Washington University revealed:

- ▶ 70% women identified as not wanting to become pregnant
 - Of these, 30% were not using birth control
- ▶ 23% of women identified as Unsure or OK Either way

POLL:

- ▶ Have you heard of the new Coordinated Care Organization (CCO) metric on effective contraceptive use?
- 1. Yes
- 2. No

CCO Metric

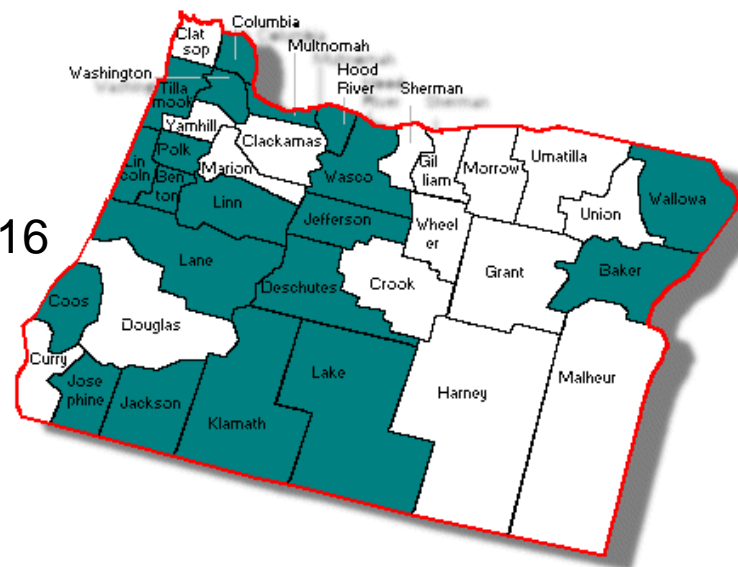
“Effective contraceptive use among women at risk of unintended pregnancy”

Percentage of adult women (ages 18-50) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year:

IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

OKQ Sites: Oregon

- 6 Coordinated Care Organizations have signed on to promote OKQ for use within their system
- 46 Sites across Oregon will be screening with OKQ by the end of 2016
- Public Health approach connecting family planning, primary care, direct service, and dental



One Key Question® Outcomes

Community Health Clinic:

- ▶ 30% of women needed follow-up with contraception or preconception care
- ▶ 70% did not require any follow-up services

Family Planning Clinic:

- ▶ 60% of women were happy with their current method of contraception
- ▶ 23% received new contraception services
- ▶ 12% were given preconception care and advised to start folic acid

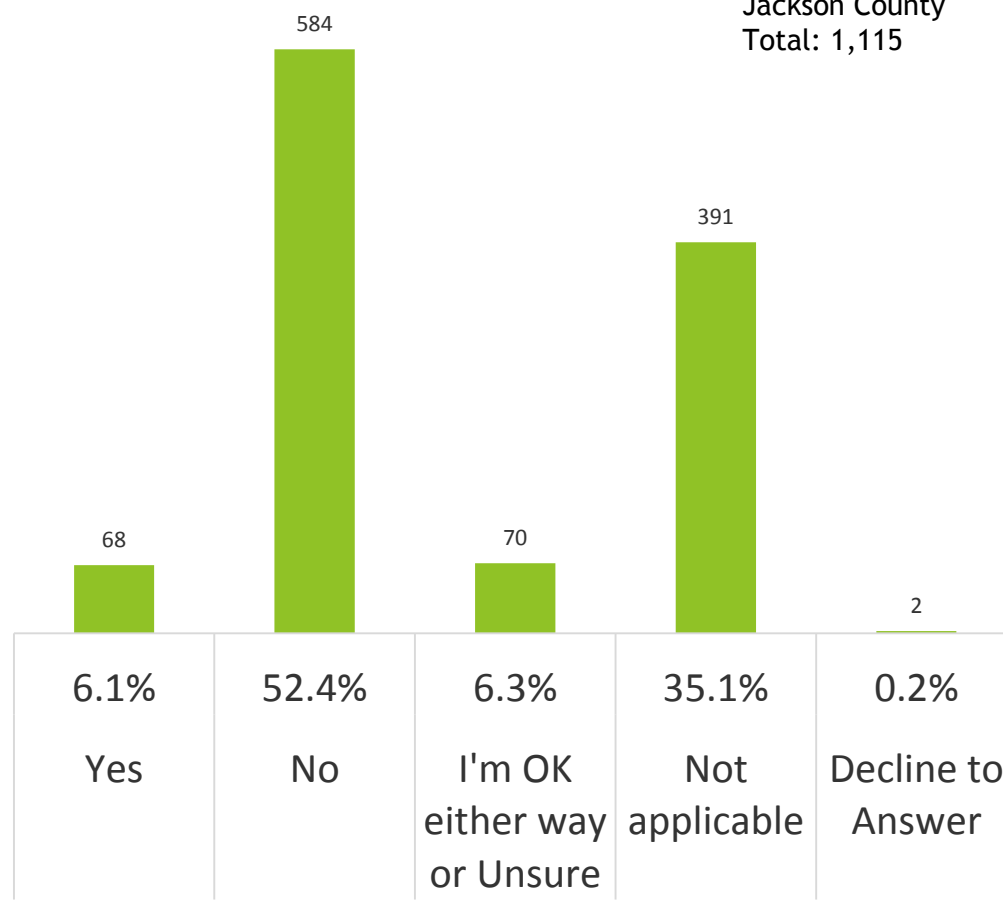
OKQ Outcomes

WIC: Connect women with better referrals, based on her needs

- ▶ 29% of women who indicated "no" were not using birth control
- ▶ 9% of women who were using a birth control method were not satisfied with it

Would you like to become pregnant in the next year?

Jackson County
Total: 1,115



How do you start?

Internal Steps

- ▶ ID goals and objectives
- ▶ Inventory readiness through assessment of staff and services
- ▶ Develop Implementation Action Plan
- ▶ Develop workflow mapping with each site

Address in Plan Implementation

Technical:

- ▶ Data collection and tracking
- ▶ Staff training
- ▶ Make implementation as easy as possible for direct service providers
- ▶ Don't over burden with reporting and data, just enough to show effectiveness
- ▶ Evaluate progress toward outcome

OKQ Screening Form

One Key Question - Pregnancy Intention Screen

Would you like to become pregnant in the next year?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	I'm Ok either way <input type="checkbox"/> --OR-- Unsure <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	Declined to Answer <input type="checkbox"/>
<p>• Are you using a birth control method right now?</p> <p>Yes: _____ No: _____</p> <p>• If yes, are you happy with your birth control method?</p> <p>Yes: _____ No: _____</p>	<p>• Are you taking folic acid or a multi/prenatal vitamin?</p> <p>Yes: _____ No: _____</p>	<p>• Are you taking folic acid or a multi/prenatal vitamin?</p> <p>Yes: _____ No: _____</p> <p>• Are you using birth control method right now?</p> <p>Yes: _____ No: _____</p> <p>• If yes, are you happy with your method of birth control?</p> <p>Yes: _____ No: _____</p>	<p><input type="checkbox"/> Sterilization</p> <p><input type="checkbox"/> Hysterectomy</p> <p><input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Other: _____</p>	

¿Te gustaria quedar embarazada durante el proximo año?

Referral grid

Family Planning Referral List for Jackson and Josephine Counties

<u>Clinic</u>	<u>Title X</u> <u>(Title 10)</u>	<u>CCARE</u>	<u>OHP</u>	<u>Private Ins</u>	<u>Sliding</u> <u>Scale</u>	<u>Walk-in</u> <u>Welcome</u>	<u>Methods offered</u>
Jackson County Public Health 541-774-8209	●	●	●	●	●	●	All methods of birth control offered.
1005 E. Main St Medford, OR <u>**Moving in December 2014**</u> 140 S. Holly St. Medford, OR 97501							
Community Health Center		●	●	●	●		All methods of birth control offered.
Ashland Clinic White City Clinic 541-482-9741 541-826-5853							
Medford Clinic Butte Falls Clinic 541-773-3863 541-842-7799							
La Clinica 541-618-1300		●	●	●	●		All methods of birth control offered.
Clinics in Phoenix, Medford and Central Point							
Planned Parenthood							All methods of birth control offered.

DATA OPTIONS

EHR

- ▶ We have algorithm samples from a variety of EHR's
 - ▶ NextGen
 - ▶ Centricity
 - ▶ eClinicalWorks
 - ▶ EPIC

QI project

- ▶ We have paper screening forms or you can incorporate OKQ into the forms you currently use

Maternity Case Management Encounter/Data Form

Perinatal Risk Factors

- | | | |
|--|---|---|
| <input type="checkbox"/> <18 years | <input type="checkbox"/> <HS Education | <input type="checkbox"/> Developmental Disability |
| <input type="checkbox"/> IPV | <input type="checkbox"/> Medical Risk (e.g., diabetes, hypertension, obesity) | |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Unplanned Pregnancy |
| <input type="checkbox"/> Other | | |

Family Planning (FP)

- | | | | |
|--|--|--|---------------------------------------|
| <input type="radio"/> A - Client has reproductive plan | <input type="checkbox"/> 1 - Individual Teaching | <input type="checkbox"/> 2 - Case Management | <input type="checkbox"/> 3 - Referral |
| <input type="radio"/> B - Client does not have reproductive plan | <input type="checkbox"/> 4 - Behavior Change Technique | | |
-
- | | | | |
|--|--|--|---------------------------------------|
| <input type="radio"/> A - Client uses contraceptive method (FC) | <input type="checkbox"/> 1 - Individual Teaching | <input type="checkbox"/> 2 - Case Management | <input type="checkbox"/> 3 - Referral |
| <input type="radio"/> B - Client does not use contraceptive method | <input type="checkbox"/> 4 - Behavior Change Technique | | |

OKQ Evaluation for Impact

Data :

- ▶ Number of women screened
- ▶ Responses (yes, no, unsure, ok either way) and date
- ▶ Increase in preconception care/info/referral
- ▶ Increase in contraception care/info/referral
- ▶ Move to more effective contraception methods (tier 1)

One Key Question® is designed to...

1. Start a conversation about preventive reproductive health in primary care
2. Prevent pregnancies that are unwanted or mistimed
3. Increase the proportion of pregnancies that are better prepared for

"Would you like to become pregnant in the next year?"

Let's Hear From You

Each site please share:

- ▶ Thoughts on plans for implementation including:
 - Where OKQ will be documented ?
 - How you can evaluate the impact?
 - When do you want a check in call?

Contact Us

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